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Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.
Provider Communications, RCR-A3W-04
PO Box 34262, Seattle WA 98124-1262

April 24, 2025

UPDATED PRIOR AUTHORIZATION CRITERIA FOR USTEKINUMAB (STELARA)

Dear Provider,

Ustekinumab (Stelara) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective July 3, 2025,** the criteria for intravenous Ustekinumab (Stelara) will be updated to require two biosimilars. This change does not affect current authorizations for Stelara; however, any new authorizations are subject to the criteria below. **This letter is a notification of the change in prior authorization criteria required before administering this medication under the medical benefit.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington, Options, Inc. (Kaiser Permanente) require prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

Prior Authorization Criteria for intravenous Ustekinumab (Stelara) (changes are in bold):

Ustekinumab intravenous	**Covered for patients who have had a failure, contraindication, or intolerance to two Ustekinumab biosimilars AND meet one of the following below:**
	• Adult patients with moderately to severely active Crohn's disease with:
	  ○ Contraindication, or intolerance, to at least two TNF-inhibitors (e.g., adalimumab [Amjevita], infliximab [Inflectra]) OR
	  ○ Inadequate response or loss of response to at least one TNF-inhibitor
	  ○ It is recommended that TNF inhibitors be used in combination with azathioprine, 6-mercaptopurine, or methotrexate.
	• Adult patients with moderately to severely active ulcerative colitis who have contraindication, intolerance, or loss of response to at least one TNF-inhibitor (e.g., adalimumab [Amjevita], infliximab [Inflectra]). It is recommended that the TNF-inhibitor be used in combination with azathioprine, 6-mercaptopurine, or methotrexate.
	Not covered for use in combination with disease-modifying or other biologic therapies, including (but not limited to):
	  ○ infliximab, adalimumab, etanercept, vedolizumab, rituximab, abatacept, certolizumab, tocilizumab, golimumab, canakinumab, natalizumab, tofacitinib, upadacitinib, ozanimod, apremilast
	Quantity Limit:
	• Crohn's disease and ulcerative colitis: max dose 520 mg.

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject.

To request prior authorization review, please use the Referral Request online form (login required) located on the Kaiser Permanente provider website. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday from 8 a.m. to 5 p.m.

Sincerely,

Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee